

BOARD OF ASSESSORS
TOWN OF MONSON
110 Main Street – Suite 106
Monson, MA 01057
(413) 267-4120

___ V8
___ W/S
___ Trash

*Ronald R. Avery Jr., Chairman
Russell A. Bressette Jr., Assessor
Christopher W. Haley, Assessor*



*Cathy A. Barnes, Principal Assessor
Katherine N. Robinson, Assistant Assessor*

MAILING ADDRESS CHANGE FORM

___ Real Estate / Water & Sewer / Trash ___ Personal Property Account # _____

Owner(s) Name: _____

Parcel Address: _____ **Map** _____ **Block** _____

Phone Number: (____) _____

Current Mailing Address: _____

New Mailing Address: _____

Owner(s) Signature: _____

Date: _____

By signing, owner acknowledges that the mailing address change may require one full billing cycle to come into effect and remains the owner's responsibility to pay all bills timely.

Document Required: ☒ Photo ID License No. _____ ☐ Death Certificate
☐ Recorded Trust / Trustee Certificate ☐ POA ☐ Appointment (Estate) ☐ Marriage Certificate

Submit completed form to the above address.